

Botany House Limited

Danesmoor Residential Care Home

Inspection report

45 Helmshore Road
Haslingden
Rossendale
Lancashire
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Tel: 01706216862

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15 April 2019
16 April 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Danesmoor Residential Care Home is a residential home registered to provide accommodation and personal care for 24 people aged 65 and over. At the time of the inspection, 19 people lived at the home. Some people were living with dementia.

People's experience of using this service:

People told us they felt safe and staff were kind and caring. Staff understood how to safeguard people from abuse and report any concerns.

People said the staff were mostly available when they needed assistance. We noted there were no formal on call arrangements during the night and care staff had extra duties to manage the laundry and organise tea. We therefore recommended the provider review their staffing arrangements.

The provider had an effective recruitment procedure, which ensured only suitable staff were employed in the home. People were satisfied with the way they were supported to take their medication. The provider had met the requirements of the warning notice issued following the last inspection in respect to the management of medicines. All areas of the home had a satisfactory standard of cleanliness.

The senior staff carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. However, the electronic care planning system did not always allow for specific information to be added about individual needs. We also noted there were further limitations with the system in respect of people's care plans. The manager explained additional training on the care planning system had been arranged to resolve these difficulties.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the systems and documentation in the service did not always support this practice. Following the inspection, the registered manager sent us an action plan which assured us action would be taken to address these issues.

The provider had made appropriate arrangements to ensure staff completed relevant training. The manager had devised a schedule for one to one supervision meetings with staff. People were supported to eat a nutritionally balanced diet. Staff monitored people's healthcare needs and ensured people had access to healthcare services, as necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Our observations during the inspection, were of positive and warm interactions between staff and people who lived in the home. Daily activities were limited, however, events were celebrated in the home and professional singers and entertainers were booked on a regular basis. People were aware of how they could raise a complaint or concern if they needed to and had access to a

complaints procedure.

Although we identified a number of areas which required improvement, the manager was aware of the shortfalls and was committed to the ongoing development of the service. We will assess all planned improvements on our next inspection of the home.

Rating at last inspection:

At the last inspection the service was rated requires improvement. (published 25 January 2019). This service has been rated requires improvement at the last two inspections.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

Danesmoor Residential Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector on the first day and two adult social care inspectors and a medicines inspector on the second day.

Service and service type:

Danesmoor Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 24 people.

The manager was not registered with Care Quality Commission. This meant the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection, we reviewed all the information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We also sought information from the local authority's contract monitoring team and safeguarding team. We used our planning tool to

collate and analyse the information before we inspected.

We did not ask the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with nine people who lived in the home, two relatives, three members of staff and the manager. We also discussed our findings with the provider's representative. We looked at the care records of four people who used the service, looked around the premises and observed staff interaction with people. We also examined a sample of records in relation to the management of the service such as staff files, quality assurance checks, staff training records and accidents and incidents.

Following our visit, the manager sent us an action plan to address the findings of the inspection. He also sent us a business continuity plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At our last inspection, we identified concerns about the way medicines were managed. Following our visit, we issued the provider with a warning notice. At this inspection, we found appropriate action had been taken and the necessary improvements had been made.
- People's medicines were managed safely. Medicines related records were complete. Failings in administration records identified at the last inspection had been put right.
- Guidance on how to administer medicines prescribed 'when required' was up to date. Records showed people received their medicines in the way prescribed.
- We watched some people being given their medicines and saw staff who administered medicines were competent for this role. People were given their medicine at the right time.
- The manager and members of staff qualified to handle medicines completed frequent audits to make sure procedures were followed. We asked the manager to review arrangements for storing medicines because the medicines room was locked by a keypad. The manager assured this issue would be addressed.

Staffing and recruitment

- People told us the staff were mostly available when they required assistance. One person said, "The staff are busy at times, but they take everything in their stride and do a good job." Another person commented, "I'm very happy living here. The staff are there whenever I want any help." However, one person said they had been waiting for staff to assist them out of their wheelchair. We asked a member of staff about this situation and they responded immediately. They also apologised to the person.
- We checked the staff rota and noted there were two staff on duty during the night. Whilst there was an informal on call system, the staff member on call had not been identified on the rota. This meant staff may not know who to contact in emergency circumstances.
- During the day, two care staff and one senior staff were deployed in the home. In addition to providing care and support, the care staff were expected to manage the laundry and organise tea. This meant the staff were not always able to take proper breaks. Whilst the manager was able to help staff during the week, he was not available in the home during the weekend.

We recommend the provider seeks guidance from a reputable source to review the level of staffing in the home, to ensure people's needs are met in a timely way.

- Following the inspection, the manager confirmed additional staff were being recruited. We will assess any improvements on our next visit to the home.
- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work

in a care setting.

Assessing risk, safety monitoring and management

- The manager and staff had carried out assessments to assess, monitor and manage risks. These included moving and positioning, nutrition and hydration and skin integrity.
- The provider used an electronic care planning system to record the risk assessments. However, at the time of the inspection the electronic system did not allow for any person-centred information to be added. This meant staff may not have been aware of specific personal information associated with people's needs and preferences.
- The manager had carried out environmental risk assessments to ensure the safety of people's living space and had developed personal emergency evacuation plans. The plans set out the support each person would need in the event of a fire.
- The provider had made appropriate arrangements to carry out safety checks on electrical and gas installations as well as equipment in use at the home. We also saw regular checks were made of the fire safety systems.
- The manager explained legionella tests were due to be carried out shortly. Following the inspection, the manager confirmed the tests would be carried out on 10 May 2019.
- The manager sent us a copy of the business continuity plan following the inspection.
- The provider employed a handyman for all routine repairs and maintenance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and were satisfied with the care and support they received. One person told us, "The staff are very good. I can't find any fault at all."
- Staff understood their responsibilities to protect people from avoidable harm or abuse. The provider's procedures supported staff to report any concerns.
- Relatives had no concerns about the safety of their family members. One relative told us, "The staff are very careful when helping [family member] to make sure he doesn't suffer any discomfort."

Preventing and controlling infection

- People were protected from the risk of infection. We observed the home had a satisfactory level of cleanliness in all areas seen.
- Staff were knowledgeable about how to reduce the risk of infection. Staff had completed training in preventing and controlling the spread of infection. They had access to disposable protective aprons and gloves to help reduce the risk of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff had received training and had a basic understanding of the relevant requirements of the MCA. Staff said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- We observed staff spoke with people and gained their consent before providing support or assistance. One person told us, "The staff ask me if I want to do things".
- People's capacity to make decisions was considered as part of their assessment of needs and had been recorded electronically within their care documentation. However, people who had the capacity to make decisions had not been given the opportunity to confirm their consent to the provision and delivery of their care.
- Following the inspection, the manager told us work had begun to introduce new documentation to ensure the principles of the MCA were adhered to.
- The manager understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, five applications had been submitted to the local authority for consideration.
- On reviewing people's mental capacity assessments, the manager had identified further applications were necessary to protect people's rights. Following the inspection, the manager sent us an action plan which stated all DoLS applications would be submitted to the local authority by 10 May 2019.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a varied nutritious diet. People told us they were satisfied with the food. One

person said, "You would have to go a long way to beat it" and another person commented, "I have never had such beautiful meals."

- We observed the meal time arrangements on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw they supported people in a sensitive way. The overall atmosphere was cheerful and good humoured.
- Staff monitored people's weight and nutritional intake in line with their assessed level of risk and made referrals to healthcare professionals, as needed. However, staff did not record the amounts people had drunk immediately, which meant the accuracy of the records were reliant on staff memory.
- The manager told us he was working towards using fresh produce as the basis for all meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received appropriate support to ensure their healthcare needs were met. One relative told us, "The staff were very concerned when [family member] was ill and they got the doctor immediately. They respond well in these circumstances."
- People's physical and mental healthcare needs were documented within the care planning process. This helped staff to recognise any signs of deteriorating health.
- Staff prepared an emergency care plan for all people admitted to hospital, which provided a detailed overview of their needs and preferences.
- Staff supported people to access health professionals when required. For example, district nurses and chiropodists visited the service regularly to support people with ongoing treatments. The advanced nurse practitioners also visited the home at least twice a week.
- The manager and senior staff ensured joined up working with other agencies and professionals, so people received effective, timely care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager assessed people's needs before they moved into the home. The assessment was used to form a plan of care.
- People were encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.

Adapting service, design, decoration to meet people's needs

- The adaptation of the premises was suitable for the people who lived there. All people told us they liked their bedrooms. There were communal areas for people to be together, appropriately adapted bathrooms and access to gardens.
- Since the last inspection, the lighting had been upgraded in the corridors and some areas of the home had been redecorated. The provider had plans to install a tracking hoist in one of the ground floor bathrooms and install a decking area in the garden.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People told us they felt the staff were competent and knowledgeable. One person said, "The staff are well organised and know what they are doing."
- The manager had specialist expertise in training and had written an overview to consolidate, update and revise staff learning. As part of this, he had distributed questionnaires to test staff knowledge.
- The staff had completed some online training and the manager planned to provide additional training in a classroom environment. This would help staff to discuss any queries or concerns relating to their training. A training plan was in place to ensure staff received regular training updates. However, not all staff had

completed medicines training and had their competency tested in handling medicines.

- The provider had arrangements to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff.
- The manager had devised a schedule of one to one meetings with staff and had started to meet staff individually to discuss their experience of working in the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and their diverse needs were respected. People told us the staff always treated them with respect and kindness and they were complimentary of the support they received. Their comments included, "All the staff are friendly and helpful" and "They are looking after me very well. Everything I need I've got here."
- Relatives also praised the approach taken by staff. One relative said, "The staff are certainly looking after [family member] very well. Their condition and well-being has really improved, since being here."
- We observed staff interacted with people in a warm and friendly manner and saw people were comfortable in the presence of staff who were supporting them.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.
- We looked at several messages of appreciation from people or their families, which highlighted the caring approach taken by staff and the positive relationships staff had established.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to make decisions about their day to day routines, in line with their personal preferences.
- Whilst people felt they were well cared for, none of the people were familiar with their care plan and could not recall discussing their care needs with staff. The manager assured us he intended to develop the care planning process to ensure people were more involved and the information was readily accessible to staff.
- People were encouraged to express their views as part of daily conversations and satisfaction surveys. The manager had planned a residents' meetings in the month following the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. People could spend time alone in their rooms if they wished. People's bedrooms were fitted with appropriate locks and we observed staff knocking on doors and waiting to enter during the inspection.
- A person told us, "I like going to my room in the afternoon for some peace and quiet. The staff pop in now and again and bring me a cup of tea."
- People were encouraged and supported to maintain their independence whenever possible. For instance, people were encouraged to maintain their mobility.
- The manager understood his responsibilities for keeping people's personal information confidential. He explained he had plans to move documentation to a secure cupboard in the conservatory.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support was personalised to meet their needs. People told us they received the care they needed, and staff responded to any requests made for assistance. One person said, "The staff are really great. They are there whenever I need them". Another person commented, "The staff are there for me without a doubt. They have said I can ask for anything I need."
- All people permanently living in the home had a care plan. The manager devised care plans for two people receiving short term care during the inspection. The care plans were recorded on an electronic system, which was accessible on a computer in the lounge. The staff also had access to computer tablets linked to the system.
- However, the care planning system had limitations. For example, the staff were not able to access people's full care plans on the computer tablets and it was unclear what arrangements were in place if the system failed. We also noted some people's care plans contained limited information about their needs and preferences.
- Staff reviewed people's care plans at regular intervals, however, it was not possible to determine which aspect of the plan had been reviewed and updated.
- The majority of the staff told us they found the care planning system difficult to use and access. They said they did not always have time to sit and read the care plans on the computer.
- The manager explained he and the staff team were due to complete additional training with the supplier of the electronic system and intended to develop the care plans to ensure the system met the needs of the service and people who lived in the home.
- Staff maintained daily records of care and completed monitoring charts. These provided information about people's changing needs and any recurring difficulties.
- People told us they had limited opportunities to participate in daily activities. One person said, "I don't see a lot of activities going on. I would like a few more things to do." We noted important events were celebrated in the home and professional singers and entertainers were booked on a regular basis.
- The manager had identified activities as an area for development. He explained a well-being co-ordinator was due to start work in the home with a view to developing a schedule of activities.
- Following the inspection, the manager sent us an action plan which stated activities were taking place on a daily basis.
- The manager used technology to help with the delivery of care. In addition to the electronic care planning system, we noted people were supported by the use of sensor equipment, when they were deemed at risk of falling. The home also had Wi-Fi available throughout the building and staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure. We saw the complaints procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The provider had arrangements for investigating and resolving complaints.
- People told us they would feel confident talking to a member of staff or the manager if they had a concern or wished to raise a complaint.
- The manager confirmed he had received no complaints and was not aware of any complaints about the service.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The manager understood his responsibility to comply with the Accessible Information Standard and people could access information regarding the service in different formats to meet their diverse needs.
- Staff understood people's communication needs and these were recorded in people's care plans.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care.
- Wherever appropriate, people's care records contained information about their preferences about how they wanted their care to be provided. This included information about their DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) status.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality assurance systems were not always effective. Although we saw individual care plans and risk assessments had been developed, some of the documentation contained limited information about people's needs and preferences. We also noted people had not been given the opportunity to confirm their consent to the care provided and there was a lack of daily activities. In addition, there were no formal on call arrangements during night and the manager was not available to help staff at the weekend.
- The manager was aware of the shortfalls and had devised an action plan. After our visit, he sent us a revised action plan addressing the issues identified during the inspection. We will assess any improvements on our next visit to the home.
- Since the last inspection, there had been a change in the management. The previous registered manager had left the home and a new manager started work on 1 March 2019. He was not registered with the Care Quality Commission. The manager told us he intended to apply for registration as soon as possible.
- The manager had a clear vision for the home and was committed to the ongoing development of the service. He explained his priorities were the development of people's care plans, full implementation of the Mental Capacity Act and the development of activities.
- The provider's representative visited the home at least once a week and fully supported the work of the manager. They had devised an auditing tool to monitor the operation of the home, however, this had not been completed at the time of the visit.
- Staff were aware of their roles and responsibilities. They were provided with job descriptions and had access to a set of policies and procedures to guide them.
- The manager had established systems to monitor the quality of the service. Audits were undertaken by the manager and senior staff and action plans were drawn up to address any shortfalls. This ensured continuous learning and improvements to care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider, manager and staff were all keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home. Staff told us they felt everyone was well supported and they all told us how much they enjoyed their work. One member of staff said, "I love the residents and spending time with them."
- The manager knew the people who lived in the home well and was knowledgeable about their needs and preferences. We observed people responded positively to the manager throughout the day.
- The manager and provider had a good understanding of their responsibilities under the duty of candour

regulation and followed it whenever it applied.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager encouraged feedback from people and acted on it to improve the service. For instance, one person found it difficult to use a ground floor bathroom, in response the manager had arranged for a tracking hoist to be installed on the ceiling.
- The manager had distributed satisfaction questionnaires to relatives and staff. He explained he also intended to carry out a survey for people who lived in the home.
- We looked at the returned questionnaires from relatives and noted one relative had written, "We are more than happy with the care [family member] has been receiving over the last two years".
- We noted the staff had raised a number of issues. The manager had planned a meeting with the staff team on 13 May 2019, to discuss any concerns.
- The manager intended to collate and analyse the results when all the questionnaires had been returned and devise an action plan in response to any suggestions for improvement.
- The manager told us the service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the advanced nurse practitioners and the local GP, as well as social care professionals such as the safeguarding and social work teams.